

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 283

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FRALIN, W., HEYWOOD, ,**

Mailing Address P.O. BOX 29600

City  
ROANOKE

State  
VA

Zip Code  
24018-0796

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDICAL FACILITIES OF AMERICA

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19312**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HERBERT, JIM, , ,**

Mailing Address 4750 S. CORTLAND DRIVE

City  
JACKSON

State  
WY

Zip Code  
83001-9472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIRST REPUBLIC BANK

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19416**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOBBS, CAREY, , ,**

Mailing Address 3 CLUB ESTATES COURT

City  
WACO

State  
TX

Zip Code  
76710-1092

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19313**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130000.00